

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HORMONE REPLACEMENT THERAPY

the specification of which: (complete (a), (b), or (c))

- (a) ☒ is attached hereto.
 (b) ☐ was filed on _____ as
 ☐ Serial Number
 ☐ Express Mail No. _____, as Serial Number not yet known
 (c) ☐ was described and claimed in PCT International Application No. _____
 filed on _____ and as amended under PCT Article 19 on
 _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37 CFR 1.5.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate of any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

- (d) ☒ No such applications have been filed.
 (e) ☐ Such applications have been filed as follows.

Earliest Foreign Application(s), if any, filed within 12 months (6 months for Design) prior to this U.S. Application

| Country | Application No. | Date of Filing (Day, Month, Year) | Priority Claimed 35 USC 119 |
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I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/268,607

February 14, 2001

60/190,630

March 20, 2000

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120**

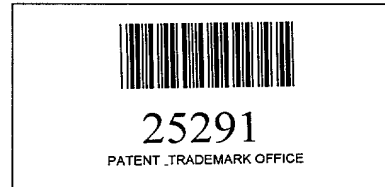
| U.S. Applications | | Status (Check One) | | |
|-------------------|------------------|--------------------------|--------------------------|--------------------------|
| U.S. Applications | U.S. Filing Date | Patented | Pending | Abandoned |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PCT Applications Designating U.S. | | |
|-----------------------------------|-----------------|--------------------------------------|
| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NO. ASSIGNED (if any) |
| | | |
| | | |

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

☒ Customer Number: 25291

Bar Code:



☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Customer Number: 25291

Bar Code:



DIRECT ALL TELEPHONE CALLS TO:

Name: Arnold S. Milowsky

Tel. No. (610) 902-2635

I hereby declare that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature

Date

Post Office Address: Same as Residence

Inventor's Signature

Date _____

Post Office Address:

Inventor's Signature

Date _____

Post Office Address:

Inventor's Signature

Date _____

Post Office Address: